

## DISPUTE RESOLUTION PROGRAM RECEIPT

RECEIPT OF MATERIALS. I have received my copy of the written document for the restated Behavioral Standards for Employment Dispute Resolution (the "Program").

COMPANY POLICY. Except as otherwise specified in the Program's written document, I understand that this Program applies to all employees of JMK Holdings Management Company, LLC, its subsidiaries, affiliated employers, successors and assigns (the "Company"). I understand that by becoming employed (or continuing my employment) with the Company at any time on or after May 1, 2014, I am agreeing to comply with this Program.


I will ask my Supervisor or the Company's Human Resources Department if I have any questions.

EMPLOYEE:

Date Signed:

B-11-15

(Signature)



Amanda Baird  
(Print Name)

(Social Security Number)

(Parent or Legal Guardian Signature, if  
Employee is under 18)

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I will ask my Supervisor or the Company's Human Resources Department if I have any questions.

**EMPLOYEE:**

©Copyright 2001-2014 PartnerSource

Digitally Signed By: Thurston Beadle  
Date: Sep-18-2017 7:21:25 PM EDT

\_\_\_\_\_  
Employee Signature

09/18/2017

\_\_\_\_\_  
Date

Task Complete

Close	Print
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EMPLOYEE:

Date Signed: 06/29/16

Tyler Bort  
(Signature)

Tyler Bort  
(Print Name)

[REDACTED]  
(Social Security Number)

\_\_\_\_\_  
(Parent or Legal Guardian Signature, if  
Employee is under 18)

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EMPLOYEE:

Date Signed:

9/23/14

(Signature)

Onelsey Baydstun

(Print Name)

Onelsey Baydstun

(Social Security Number)

[REDACTED]

(Parent or Legal Guardian Signature, if  
Employee is under 18)

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I will ask my Supervisor or the Company's Human Resources Department if I have any questions.

**EMPLOYEE:**

©Copyright 2001-2014 PartnerSource

Digitally Signed By: Angelo Canales  
Date: Nov-01-2017 5:48:43 PM EDT

\_\_\_\_\_  
Employee Signature

11/01/2017

\_\_\_\_\_  
Date

Task Complete

Close	Print
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I will ask my Supervisor or the Company's Human Resources Department if I have any questions.

EMPLOYEE:

Date Signed: 6/23/15

  
(Signature)

Andrew Carlson  
(Print Name)

  
(Social Security Number)

\_\_\_\_\_  
(Parent or Legal Guardian Signature, if  
Employee is under 18)

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I will ask my Supervisor or the Company's Human Resources Department if I have any questions.

### **EMPLOYEE:**

©Copyright 2001-2014 PartnerSource

Digitally Signed By: Cody Champagne  
Date: Jul-17-2018 3:57:31 PM EDT

\_\_\_\_\_  
Employee Signature

07/17/2018

\_\_\_\_\_  
Date



## DISPUTE RESOLUTION PROGRAM RECEIPT

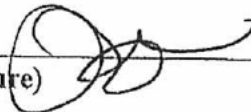
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I will ask my Supervisor or the Company's Human Resources Department if I have any questions.

**EMPLOYEE:**

Date Signed: 9-28-16

  
(Signature)

Tonya Farmer  
(Print Name)

  
(Social Security Number)

\_\_\_\_\_  
(Parent or Legal Guardian Signature, if  
Employee is under 18)



## DISPUTE RESOLUTION PROGRAM RECEIPT

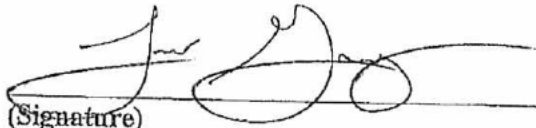
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I will ask my Supervisor or the Company's Human Resources Department if I have any questions.

EMPLOYEE:

Date Signed: 10-21-14

  
(Signature)

Jon Gomez  
(Print Name)

  
(Social Security Number)

\_\_\_\_\_  
(Parent or Legal Guardian Signature, if  
Employee is under 18)

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I will ask my Supervisor or the Company's Human Resources Department if I have any questions.

**EMPLOYEE:**

©Copyright 2001-2014 PartnerSource

Digitally Signed By: Laura Grant  
Date: Nov-11-2017 12:27:31 AM EST

\_\_\_\_\_  
Employee Signature

11/11/2017

\_\_\_\_\_  
Date

Task Complete

Close	Print
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I will ask my Supervisor or the Company's Human Resources Department if I have any questions.

Date Signed: May 20th 2014

EMPLOYEE:

Kaylaigh Green  
(Signature)

Kaylaigh Green  
(Print Name)

[REDACTED]  
(Social Security Number)

\_\_\_\_\_  
(Parent or Legal Guardian Signature, if Employee is under 18)

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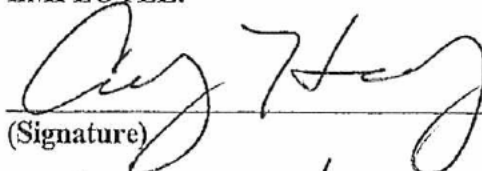
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I will ask my Supervisor or the Company's Human Resources Department if I have any questions.

Date Signed: 6/8/16

EMPLOYEE:

  
(Signature)

Aray Hammond  
(Print Name)

  
(Social Security Number)

\_\_\_\_\_  
(Parent or Legal Guardian Signature, if  
Employee is under 18)

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I will ask my Supervisor or the Company's Vice President of Human Resources if I have any questions.

**EMPLOYEE:**

Date Signed: 6-19-2013

  
(Signature)

JEFFREY R. HANKINS  
(Print Name)

  
(Social Security Number)

\_\_\_\_\_  
(Parent or Legal Guardian Signature, if  
Employee is under 18)

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I will ask my Supervisor or the Company's Human Resources Department if I have any questions.

EMPLOYEE:


Date Signed: 1/10/14



(Signature)

Aaron Jordan

(Print Name)



(Social Security Number)

\_\_\_\_\_  
(Parent or Legal Guardian Signature, if  
Employee is under 18)

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I will ask my Supervisor or the Company's Human Resources Department if I have any questions.

**EMPLOYEE:**

©Copyright 2001-2014 PartnerSource

Digitally Signed By: Brittany Maxon  
Date: Aug-01-2018 12:17:48 PM EDT

08/01/2018

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Date



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I will ask my Supervisor or the Company's Human Resources Department if I have any questions.

EMPLOYEE:

Date Signed: 10-25-2016

Joseph McClanahan  
(Signature)

Joseph McClanahan  
(Print Name)

[REDACTED]  
(Social Security Number)

\_\_\_\_\_  
(Parent or Legal Guardian Signature, if  
Employee is under 18)

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I will ask my Supervisor or the Company's Human Resources Department if I have any questions.

EMPLOYEE:

Date Signed: 1-12-17

Ruairi Mulligan  
(Signature)

Ruairi Mulligan  
(Print Name)

[REDACTED]  
(Social Security Number)

\_\_\_\_\_  
(Parent or Legal Guardian Signature, if  
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I will ask my Supervisor or the Company's Human Resources Department if I have any questions.

EMPLOYEE:

Date Signed: 12/21/2014

(Signature)

(Print Name)

(Social Security Number)

(Parent or Legal Guardian Signature, if  
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I will ask my Supervisor or the Company's Human Resources Department if I have any questions.

Date Signed: \_\_\_\_\_

5/22/12

EMPLOYEE:

*[Signature]*

(Signature)

*Shirley Rodriguez*

(Print Name)

(Social Security Number)

(Parent or Legal Guardian Signature, if  
Employee is under 18)

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I will ask my Supervisor or the Company's Human Resources Department if I have any questions.

EMPLOYEE:

Date Signed:

06/09/15

(Signature)

*Jeremy Stewart*

(Print Name)

Jeremy Stewart

(Social Security Number)

[REDACTED]

(Parent or Legal Guardian Signature, if  
Employee is under 18)

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EMPLOYEE:

Date Signed: 5/22/14

[Signature]  
(Signature)

Zian Weigert  
(Print Name)

[Redacted]  
(Social Security Number)

\_\_\_\_\_  
(Parent or Legal Guardian Signature, if  
Employee is under 18)



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I will ask my Supervisor or the Company's Human Resources Department if I have any questions.

**EMPLOYEE:**

©Copyright 2001-2014 PartnerSource

Digitally Signed By: Lydia Wittig  
Date: Jul-26-2018 1:35:13 PM EDT

\_\_\_\_\_  
Employee Signature

07/26/2018

\_\_\_\_\_  
Date



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I will ask my Supervisor or the Company's Human Resources Department if I have any questions.

**EMPLOYEE:**

©Copyright 2001-2014 PartnerSource

Digitally Signed By: Anthony Zavala  
Date: Sep-22-2017 1:41:24 PM EDT

09/22/2017

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Date

Task Complete



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I will ask my Supervisor or the Company's Human Resources Department if I have any questions.

Date Signed: 2/23/16

EMPLOYEE:

Kendal Rash  
(Signature)

Kendal Rash  
(Print Name)

[REDACTED]  
(Social Security Number)

\_\_\_\_\_  
(Parent or Legal Guardian Signature, if  
Employee is under 18)

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EMPLOYEE:

Date Signed: 5-14-18

Kendal Rash  
(Signature)

Kendal Rash  
(Print Name)

[REDACTED]  
(Social Security Number)

\_\_\_\_\_  
(Parent or Legal Guardian Signature, if Employee is under 18)

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I will ask my Supervisor or the Company's Human Resources Department if I have any questions.

EMPLOYEE:

Date Signed: 6/28/2016

Joshua Brundrett  
(Signature)

Josh Brundrett  
(Print Name)

[REDACTED]  
(Social Security Number)

\_\_\_\_\_  
(Parent or Legal Guardian Signature, if  
Employee is under 18)

## DISPUTE RESOLUTION PROGRAM RECEIPT

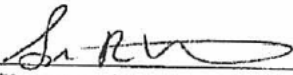
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I will ask my Supervisor or the Company's Human Resources Department if I have any questions.

EMPLOYEE:

Date Signed: 8/2/16

  
(Signature)

Spencer Melton  
(Print Name)

  
(Social Security Number)

\_\_\_\_\_  
(Parent or Legal Guardian Signature, if  
Employee is under 18)

# **ATA EMPLOYEE INFORMATION**

Name: Rudolph George Hyles SSN: [REDACTED]  
Last First MI  
 Address: [REDACTED] Fort Worth TX 76116  
 Home Phone: ( ) Cell Phone: [REDACTED] Date of Birth: [REDACTED]  
 EMERGENCY CONTACT: Sherri Rudolph Relationship: mother  
First Last  
 Home Phone: ( ) Cell Phone: [REDACTED]

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I will ask my Supervisor or the Company's Human Resources representative if I have any questions.

Date Signed: 1-10-18 Employee: [Signature] George Hyles Rudolph  
(Signature) (Print Name)

(Parent or Legal Guardian Signature, if Employee is under 18) \_\_\_\_\_

## **Employee Acknowledgment of Workers' Compensation Network**

I have received information that informs me how to get health care under my employer's workers' compensation insurance.

If I am hurt on the job and live in a service area described in this packet, I understand that:

- I must choose a treating doctor from the list of doctors in the network. Or, I may ask my HMO primary care physician to agree to serve as my treating doctor. If I select my HMO
- I must go to my treating doctor for all health care for my injury. If I need a specialist, my treating doctor will refer me to a specialist. If I need emergency care, I may go anywhere.
- Texas Mutual will pay the treating doctor and other network providers for the treatment for my compensable injury.
- I may have to pay the bill if I get health care from someone other than a network doctor without prior network approval.

Knowingly making a false workers' compensation claim may lead to a criminal investigation that could

[Signature] 1-10-18 George Rudolph  
Signature Date Printed name

I live at: [REDACTED]  
 Street address  
Fort Worth TX 76116  
City State Zip code

Name of employer: Reata Restaurant

Name of Network: WorkWell, TX

To the employer:

Each employee must sign this form when you begin the program or within 3 days of being hired, and at the time an injury occurs. Please indicate at which point this acknowledgement was completed.

- ☐ Initiating the network program (companywide)
- ☒ Initial employee notification (new hire)
- ☐ Injury notification (Date of injury: / / )

Keep this completed form in the employee's personnel file. It could be requested by Texas Mutual.